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APPLICANTS

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\*\* CONTINUING DATA ..... *None* ..... No RD

\*\* FOREIGN APPLICATIONS ..... *None* ..... No RD

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 01/30/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY KY	SHEETS DRAWING 13	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 4
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35 USC 119 (a-d) conditions met ☒ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged *[Signature]* Examiner's Signature Initials

ADDRESS  
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TITLE  
 Balanced satellite distributions

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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